

BIRTH TO 3 CONNECTIONS

SCREENING RESULTS REPORT

Child's name: _____ DOB: _____

Parent's name: _____ Phone: _____

Address: _____

Date of screen: _____ Name of screener: _____

Name of screening tool used: _____

The screening resulted in the following recommendation:

_____ Referral for multidisciplinary evaluation
Proposed date of evaluation if this choice is selected: _____
(date)

_____ Referral to other resources

_____ Re-screen recommended in __0, __1, __2, __3, __4, __5, __6 months

_____ No further action is needed

_____ Other (please explain)

Comments:

Date screening results shared with parent: _____
(must be within 5 working days)

X _____
(parent signature)

(screener signature)

Date screening results shared with initial service coordinator: _____
(must be within 5 working days)

(initial service coordinator signature)

(date received)

This form is to be attached to the screening protocol and become part of the child's record. If a child is determined to not need further services from Birth to 3 Connections this serves as documentation of that decision. Birth to 3 Connections maintains a record of these results for 3 years.